



# Volunteer Information Form

Mayor's Office for Senior Citizens  
Volunteer Resource Center

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Day Phone Evening Phone E-Mail Address

## How do you prefer to learn about volunteer opportunities?

- ☐ A phone appointment with the volunteer program coordinator
- ☐ An in-person appointment with the volunteer program coordinator
- ☐ Attend a free Internet Volunteer Search workshop (no Internet experience necessary)
- ☐ Attend future bi-monthly presentations featuring local nonprofit organizations

## Please check your top three volunteer areas of interest:

- |  |  |
|--|--|
| <input type="checkbox"/> Visiting elderly or people w/disabilities | <input type="checkbox"/> Hospice Involvement           |
| <input type="checkbox"/> Greeter / tour guide                      | <input type="checkbox"/> Arts & Cultural / Theater     |
| <input type="checkbox"/> Working with children                     | <input type="checkbox"/> Office / reception            |
| <input type="checkbox"/> One-day project or event                  | <input type="checkbox"/> Teaching computers to seniors |
| <input type="checkbox"/> Office / computers                        | <input type="checkbox"/> Mentoring young adults        |
| <input type="checkbox"/> Teaching a craft _____                    | <input type="checkbox"/> Exploring a new career _____  |

Are you also seeking full or part-time work? \_\_\_\_\_

Are you seeking a volunteer opportunity to learn new skills? \_\_\_\_\_

What have you always thought you would like to learn about, but never had the time? \_\_\_\_\_

If you are 55 and over, would you like to share your personal life experiences, knowledge, talents or career(s) in a presentation or conversation with children or youth? ☐ Yes ☐ No

What would you like to share? \_\_\_\_\_

## In what area of Seattle would you like to volunteer?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Seattle Downtown   | <input type="checkbox"/> North Seattle | <input type="checkbox"/> Seattle Capitol Hill            |
| <input type="checkbox"/> South Seattle      | <input type="checkbox"/> West Seattle  | <input type="checkbox"/> Seattle Central / International |
| <input type="checkbox"/> Neighborhood _____ |  | <input type="checkbox"/> Neighborhood _____              |

Please turn page over ...

**When are you available to volunteer?**

☐ Days ☐ Evenings ☐ Weekends ☐ Flexible

**How often would you like to volunteer?**

☐ Weekly ☐ Monthly ☐ On occasion ☐ Flexible

**Optional Questions:** The following information assists the Mayor's Office for Senior Citizens in reaching out to people from all communities:

Your birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Gender identity: ☐ Female ☐ Male

Race/ethnicity (please select **one or more** of the following):

|  |   |  |
|--|---|--|
| <input type="checkbox"/> African         | <input type="checkbox"/> African-American | <input type="checkbox"/> Caucasian                         |
| <input type="checkbox"/> Hawaiian Native | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Hispanic/Latino/Latina            |
| <input type="checkbox"/> Native American | <input type="checkbox"/> South Asian      | <input type="checkbox"/> Southeast Asian or Asian American |
| <input type="checkbox"/> Unknown         | <input type="checkbox"/> Other _____      |  |

What is your native language? \_\_\_\_\_

What other languages do you speak? 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

**Photo Release:** Occasionally our office takes photographs and writes articles relating to volunteers and their assignments. Please indicate below whether you grant us permission to use your picture / name should we be in a position to include your photograph in future publicity. Please indicate below your preference:

☐ **YES**, I give the Mayor's Office for Senior Citizens and the Volunteer Resource Center permission to use my name and photographs for public relations purposes.

☐ **NO**, I do not give Mayor's Office for Senior Citizens and the Volunteer Resource Center permission to use my name and photographs for public relations purposes.

\*\*\*\*\*

**YOUR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**More information:** Contact Patti-lyn Bell at 206-684-0639 or [patricia.bell@seattle.gov](mailto:patricia.bell@seattle.gov) or go to [www.seattle.gov/humanservices/mosc](http://www.seattle.gov/humanservices/mosc) on the Web.

**Return form to:** Volunteer Resource Center  
Mayor's Office for Senior Citizens  
810 Third Avenue, Suite 350  
Seattle, WA 98104-1604